## APPLICATION FOR ADMISSION

## Applicant Information (please print)

First Name	_Middle	Last			
Current Grade Applying Grade	Applyin	g for:     Fall (September)   Spring (January) 20			
Street Address					
City, State, Zip					
•		Country of Citizenship			
Religious Affiliation	Parish/Congregation	City/State			
Ethnicity (for statistical reporting purposes only)  African American/Black  American Indian/Alaska Native  Asian	☐ Caucasian/White ☐ Hispanic ☐ Pacific Islander	☐ Biracial/Multiracial ☐ Other			
Parent Information					
Parent / Guardian 1		Parent / Guardian 2			
Relationship to student					
Preferred E-mail address		Preferred E-mail address			
Address		Address			
City, State, Zip					
Home phone		Home phone			
Cell phone		Cell phone			
Occupation and title		Occupation and title			
Name of company		Name of company			
Address		Address			
City, State, Zip		City, State, Zip			
Work Phone		Work Phone			
Work Email		Work Email			
Applicant resides with					
☐ Parents Married ☐ Parents Separated ☐ Parent	s Divorced	er Deceased			
If parents are separated or divorced, please describe applicant's custody arrangements:					
parento de ocparateu or arrorecu, picase deseribe ap	mounts custody arrange				
Name of applicant's Legal Guardian(s):					

if the applicant resides with a stepparent, p	blease provide the	following information	1:		
Resident Stepparent's Name					
Preferred E-mail address					
Cell phone					
Occupation and title					
Name of company					
Street					
City, State, Zip					
Siblings					
Name	M/F	Date of Birth	Grade	Current School	
Name	M/F	Date of Birth	Grade	Current School	
Name	M/F	Date of Birth	Grade	Current School	
Name	M/F	Date of Birth	Grade	Current School	
Schools Current or most recent school					
Dates of attendance					
Street					
City, State, Zip					
•		_School telephone number			
Prior school 1		City/State		Dates Attended	Grades Completed
Prior school 2		City/State		Dates Attended	Grades Completed
Has the applicant been withdrawn or dism	issed from any for	rmer school for any re	eason? 🗆 yes 🗅	🕽 no (If yes, please explain on a sepa	rate sheet and attach.)
Has the applicant experienced any disciplin	nary problems at a	ny previous school?	□ yes □ no (If	f yes, please explain on a separate she	et and attach.)
Please describe any learning differences on	ecial needs, or psy	chological evaluations	s/counseling tha	at the applicant has had: (attach ac	lditional sheets if
rease describe any learning differences, sp					

Parent Survey
Please describe your daughter's learning style and areas of academic interest.
What do you hope your daughter will gain from an education at Villa Victoria Academy?
As a Roman Catholic school, Villa Victoria Academy welcomes students of all faiths. Why are you interested in a faith-centered education for your daughter?
How did you first learn about Villa Victoria Academy?
Are you or any of your family members part of the Villa Victoria Academy legacy? If so, please share each person's full name (include maiden names), graduation year, years of attendance, and relationship to you:
Applicant Survey (grades 7-12) What are your favorite subjects in school and why?
In which extracurricular activities (both at school and outside of school) have you participated? (i.e. sports, clubs, arts activities, community service, etc.
Why do you want to attend Villa Victoria Academy?

will be notified of their award in the spring prior to fall enrollment.	www.sss.nais.org/ for consideration. Families who quality for financial assistance
Do you plan to apply for financial aid? ☐ Yes ☐ No	
Person responsible for financial obligation	Relationship to Applicant
Application Checklist	
$\square$ 1. Complete the Application for Admission and submit it with the \$50	non-refundable application fee.
$\square$ 2. Request academic transcripts from the applicant's current school <i>(uso)</i>	e the form provided.)
$\square$ 3. Give the confidential recommendation form to the applicant's current	nt teacher, and request that he or she submit it directly to VVA. (Upper school
applicants should have both their English and Math teachers complete r	ecommendation forms.)
$\square$ 4. Have official SSAT score report released to VVA if applicable <i>(high s</i>	chool candidates only.)
☐ 5. Contact Admissions to schedule an interview.	
My signature below indicates that all of the information contained in this	application is true and complete to the best of my knowledge.
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Applicant Signature_	Date

Limited need-based financial aid is available for students in grades K-12, and aid is awarded on a first-come, first-served basis. A financial aid

Return this form along with the \$50 non-refundable application fee to: Director of Admissions Villa Victoria Academy 376 West Upper Ferry Road Ewing, NJ 08628

**Financial Aid**